ACCOUNT NO	RETURI	N OF TANGIBLE BUSINESS PR MACHINERY & TOOLS			YEAR
	COST	CITY OF LYNCHBURG, VIRGIN BY YEAR OF ACQUI	SITION		
YEAR	COST (a)	ADDITIONS (b)	DISPO	DSALS (c)	TOTAL (d)
- 19-					
	:				
			TC	OTAL _	
			1	HEREBY DECLARE THA ON THIS STATEMENT	AT THE INFORMATION PRESENTED IS COMPLETE AND ACCURATE.
				SIGNATURE	
			-	DATE	TELEPHONE
		1. Do you	rent or lease	e equipment from	n others?
* INSTRUCTIONS *			Yes	☐ No	
(a) COCT-		If yes, giv	e name and a	ddress of the less	or.
a) COST:	all business furniture, fixtures, mac	hinon			
	provements (other than real estat				10-1
other equipment in us	e, and (2000)				
) ADDITIONS:	(Mailing	Address)	***	Au	
•	cluding installation) of all new and	d used			
equipment purchased	(City)		(State)	(Zip Code	
) DISPOSALS:	(Phone)				
Include the original co	ad of literation		eeded nlease en	close an itemized	
in For exar	list of les	sors.	orada, pidado di	Sidde air iternized	
was disposed of in	ginal cost 2. Do you	own any cer	tified pollution c	ontrol or	
of the equipment on t  i) TOTAL:	the disposal line.		ng equipmen		
Cost (a) plus addition equipment (d) owned		☐ Yes ☐ No If yes, please identify on the itemized list submitted with this return.			
		* IMPORTANT *			
Must submit a complet	te list of furniture, fixtures, machine	ry, 3. If propert	y has been sold	I, give the following:	
	provements (other than real estate	) New Owner	:		
located in Lynchburg o	on January 1,			(NAME	)
The list must contain d	iginal		(MAILING ADD	DRESS)	
<del></del>			(CITY)	(STATE)	, ,
If property has been re give the following:	urg, 4. Return al	Return all parts of this form on or before March 15th to:     Commissioner of the Revenue     P.O. Box 858     Lynchburg, VA 24505-0858			
Date of Polocetics				VA 24505-0858 LATE FILING FEE '	• <del>•</del>
Date of nelocation		THIS RETU			ERSONAL PROPERTY & H 15 <sup>TH</sup> . A 10% LATE FILING
Location	****	PENALIY W	& 100LS MUS! ILL BE APPLIED D BY MARCH 15"	TO YOUR TAX ASSE	H 15'". A 10% LATE FILING ESSMENT IF THIS RETURN
	(MAILING ADDRESS)	1		STIONS OR NEED	ASSISTANCE,
		CALL THE	COMMISSIONE	R OF THE REVEN	
(CITY)	(STATE) (ZIP CC	DDE) <b>PHONE: (</b> 4	134) 455-3880	FAX: (434) 8	47-1842